

D.**Developing the Case Plan**

Conceptual Framework

Everyone plans. At times, planning is so automatic that it appears to be intuitive. For example, every morning, when we consult the weather report before we decide what to wear, we are planning. However, choosing clothing for the day to make sure we don't get wet in the rain is a straightforward process to solve a relatively simple problem. Complex problem solving and planning are generally not as easy. We need a formal and well-constructed planning technology to guide us if we are to effectively and efficiently solve our problem. Without a well-formulated plan, activities are often haphazard, poorly directed, uncoordinated, and unproductive, and we may expend considerable effort and resources without achieving our desired end.

In child welfare, careful planning is essential. Child welfare workers provide assistance to families in highly complex situations with multiple and interrelated contributing problems, often to achieve several desired ends. If we don't intervene quickly, children and their families can be seriously harmed. Yet, if we don't intervene appropriately, our interventions can be more harmful than helpful. A commitment to careful planning is, therefore, imperative to good child welfare practice.

Case planning is social work's application of planning technology to the process of helping children and families. Unfortunately, because the term "case plan" has been widely utilized to represent a written document that is completed to assure legal and fiscal accountability, the underlying planning process is frequently lost. Many workers never learn the complex technology of case planning, and as a result, their activities are often haphazard, lack clear direction, are poorly coordinated, may be unproductive, and may expend considerable effort and agency resources without ever achieving desired ends.

Planning is a cognitive process whereby we carefully think through the best course of action to achieve a goal or to solve a problem prior to taking any action. Effective planning requires a series of steps that must be executed in the proper order. They are:

- 1) Defining the problem or need to be addressed (problem identification);
- 2) Gathering and considering comprehensive information to be sure the nature and causes of the problem, or need, are fully understood, and to identify the resources and family strengths available to address the problem (assessment);
- 3) Clarifying what needs to be achieved, and defining the concrete desired ends toward which efforts will be directed (formulating goals and objectives);
- 4) Considering possible actions that could achieve desired ends, comparing approaches, and choosing the most appropriate actions;
- 5) Identifying who will do what, how they will do it, when, and where; and,
- 6) Determining whether the actions were successful in achieving the goals (evaluation of outcomes).

In child welfare situations, the "identified problem" is usually alleged physical or sexual abuse, neglect, or imminent risk of maltreatment. The dynamics and contributing factors to risk and maltreatment must be fully and carefully assessed. This enables us to design interventions that can meet each family's individual needs. After the family situation has been fully assessed, the necessary changes to reduce risk and protect the child must be determined. This includes setting case goals and objectives (desired ends), and delineating the

activities and services that can best achieve these ends. All this occurs within a framework that assures that our interventions are family-centered, culturally relevant, and promote permanence for children.

In a casework model, the case planning process should always be implemented jointly by the worker and the family, and may often include other service providers as well. While in some cases this may not be possible, it should always be attempted. This helps to assure that all service interventions are relevant, well-coordinated, and integrated. The case plan document formally records the agreed-upon action plan, and ultimately serves as a contract that guides the worker, the family, and other providers in working together toward their common goals.

The technology of gathering and interpreting information during a case assessment has been fully discussed in other sections of this book. (See Section II-B, "Dynamics of Child Maltreatment," Section II-C, "Risk Assessment," and Section IV-C, "Conducting the Family Assessment.") In this section, we will consider application of the planning process to the development of an action plan to direct casework activities, thereby helping to assure a positive outcome for children and their families.

Application

Goals

A goal is a statement of the desired outcome toward which all case activities are directed. To achieve a case goal often requires the coordinated implementation of many activities, and the resolution of a number of complicated problems.

Child welfare case goals are derived from child welfare's mission, which is to protect children from abuse or neglect by their caregivers, and to strengthen,

preserve, and empower families to provide safe care for their children. The principal goals of child welfare practice are:

- To identify children who are at risk of abuse or neglect by their parents or caregivers;
- To assure children's safety and to prevent future harm from abuse or neglect;
- To enhance the ability of families whose children are at risk to provide proper care and nurturance for their children, within their own homes, communities, and culture, and to prevent separation of children from their families, whenever possible;
- To provide children who cannot be protected at home with the least restrictive, most family-focused, most culturally consistent substitute care placement that meets each child's needs;
- To reunify placed children with their families as quickly as possible; and
- To provide a stable, permanent, alternative placement as quickly as possible for every child who cannot return to his or her own home, or to emancipate the child to independent living.

At all times during the case planning process, we should be working toward one of these goals for each child and family we are serving. The identified case goal will influence the specific case objectives, activities, and services that should be included in the case plan.

The case goal may change during the time the case is open. Initially, the goal for a child at high risk might be to maintain the child in his or her own family, to be

achieved by providing intensive in-home services. If this fails and we must provide immediate, safe placement to protect the child from harm, the goal may then change to reunification of the child and family when the situation that led to maltreatment is remedied. If it becomes clear that a child cannot be reunified with the family, the goal may again be changed to provision of an alternative permanent home.

Each time the case plan is developed and reviewed, the caseworker and the family should specify the current case goal. Objectives and activities should then be formulated to achieve this goal.

Objectives

An objective is also a statement that describes a specific desired outcome or end state. However, objectives are more specific and more limited in scope than are goals. Achievement of a goal generally requires the accomplishment of a series of more discrete objectives. Case objectives must be consistent with case goals, and achievement of an objective should represent a step toward that goal. For example, if the case goal is reunification of a child with her family, one objective could be to increase the length and frequency of visits in her own home.

Objectives should describe end-states that address one or more of the problems or needs identified during the case assessment. Achievement of an objective should, therefore, be synonymous with success in having met a need or resolved a problem. However, to accurately serve as criteria with which to determine success, objectives must be both observable and measurable. This enables the parties to the plan to reach consensus regarding whether the stated objectives have, in fact, been accomplished. Each objective must include some easily discernible criteria by which we can measure achievement.

Writing measurable objectives is one of the most difficult parts of the case planning process. Many of the expected outcomes in child welfare do not lend

themselves to easy, precise quantification. Some criteria are easy to observe, but more difficult to measure. Mental illness is a good example. It may be evident from a person's behavior that she is mentally ill. But, how do we quantify or measure the degree of mental illness so we can assess risk or measure change? It is very difficult to devise a measurable criteria of mental illness. We may have to measure change in mental status using an associated change in behavior, or perhaps changes assessed by professional mental health assessment or psychological testing.

Measuring house cleanliness and sanitation is another example. At what point do dirt and clutter present a hazard to children? One three-day-old rancid egg in a skillet may not affect children's health, but a kitchen that is consistently strewn with decaying, bug-infested food will. How do we quantify home cleanliness to allow us to determine when neglect begins? While it is difficult to quantify all variables, we must develop objectives related to home cleanliness which are, in a real sense, measurable. It is not enough to simply say, "The house will be clean."

A practical solution is to develop objectives that include many observable criteria. As applied to the dirty kitchen, one objective might be, "The floor will be cleared of dirt, dust, debris, shredded paper, food, and garbage. Dirty dishes will be washed and put away immediately after use." Because the objective describes observable criteria, agreement regarding achievement of the objective is more likely, even though it is not as quantifiable as we might like.

Caseworkers may be accustomed to writing objectives that contain the word "improve," such as improved child care, improved housing conditions, or improved parenting. Objectives which contain the word "improve" are neither observable nor measurable. "Improve" can mean many different things to different people, depending both on underlying values and on personal criteria for measuring improvement. If observers have different cultural backgrounds or values, they may not agree on what can be considered an improvement. For example, self-assertive behavior by a child may be positively viewed as

autonomy by one person, and seen as insubordination by another. In addition, since improvement cannot be measured until a criteria for success has been established, there may be conflict regarding just when the objective has been achieved; in other words, how much improvement is enough?

Just because it may be difficult to establish measurable criteria is not sufficient reason not to do so. Case plans are entirely dependent upon the establishment of identifiable measures of change. We cannot expect families to participate in a change process, nor can we help them measure their success at change, if we can't clearly communicate and agree upon the expected outcomes necessary to assure the safety of their children, and the criteria we will use to measure success or failure in achieving these outcomes.

To promote effective change, case objectives must be derived from the case assessment. This necessary characteristic of objectives appears deceptively self-evident. However, it is not uncommon for caseworkers to derive their objectives from a "laundry list" of potential outcomes which might improve parenting or care of the child. Let's consider the objective, "Mother will know and use nonviolent methods of disciplining the child, including time out and restriction of privileges." This would appear to be an intrinsically appropriate objective for any case. However, we are not interested in "intrinsically appropriate" objectives. We are only interested in objectives that are extrinsically determined by the individual case assessment. Therefore, if the primary factor contributing to maltreatment is that the mother is alcoholic and has blackouts, during which time the child receives no care, an objective related to nonviolent discipline is unrelated to the assessed problem. The proper objective, when accurately derived from the case assessment, would be, "Mother will remain sober and provide consistent care for the child at all times." If case objectives are not developed from our assessment and derived from case goals, they may very well be intrusive and nonproductive, regardless of their apparent intrinsic validity.

In a comprehensive case plan, objectives should be written to address all the significant factors or problems identified during the case assessment as contributing to risk. Objectives should also be formulated that address the development or enhancement of family strengths that can mitigate risk. This will assure that activities and services are properly directed toward eliminating the underlying or contributing problems to risk; that they are individualized to meet each family's needs; and that they build on family strengths.

Useful objectives are time-limited. A reasonable time frame for achievement of each objective should be specified. Time frames can provide an additional criteria by which achievement of the objective can be measured.

In a family-centered casework model, case objectives should be mutually agreed upon by the family and the worker. The more involved the family is in determining case objectives, the more committed family members will be to implementing them. Historically, workers using a "protective authority" model have written case objectives that are essentially descriptions of the agency's expectations for family members' behavior. While the expectations themselves may be appropriate to reduce risk, if they are formulated by the agency for the family, rather than jointly, they are much less likely to promote productive and lasting change.

Activities

The activities section of the case plan is the step-by-step action plan that will guide the delivery of services. It must clearly delineate all the necessary activities to achieve each case objective. The final action plan should include: 1) what steps or actions must be performed, in what order, to achieve the objective; 2) who in the family will be involved or responsible for each activity; 3) what activities and services will be the responsibility of the caseworker or other community providers; 4) when the activity is to occur, including desired time

frames for beginning and completing each activity; and, 5) where each activity is to take place.

Formulating activities that promote achievement of case objectives requires careful thought. A well-written case plan can specify the steps a parent and worker must take toward remedying the situation that led to child maltreatment. However, the reverse is also true. When activities are poorly or incompletely formulated, their successful completion may not result in achievement of the objective for which they were written.

Activities should be jointly formulated and agreed upon by the family and the caseworker. Disagreements should be negotiated before the action steps in the plan are finalized. The family's commitment to follow through with case plan activities is correlated with their degree of investment and involvement in developing the plan. When several service providers will be involved with the family, a case planning conference that includes the family and all key service providers will promote coordinated and effective service delivery.

Complex activities requiring multiple steps should be sub-divided, with each step listed as a separate activity. For example, the activity, "Father will look for a job," may include a sequence of more discrete activities, including reading newspaper ads, going to the unemployment office, calling to get information from prospective employers, scheduling appointments, filling out written application forms, or attending job interviews. When activities consist of a series of small steps, they are easier to prioritize and to implement in a specified order. Limited, circumscribed tasks are more easily achieved, and provide better guidance and direction to families. Incremental completion of steps can also increase motivation to attempt additional activities.

When family members must learn new skills to achieve an objective, or when the family's capabilities are limited, activities should be simpler and easier to implement, and the time frames for accomplishment should be lengthened. In

the above example, if the father lacks job-seeking skills, the activities may have to include, "Father will practice and rehearse job interviews with the caseworker," "Father and caseworker will read the newspaper to find possible job openings," and "Father will talk with a job counselor to discuss his skills and interests."

Case plan activities should be completed within a specified period of time. The average time frame for a case plan should be three to six months. A review of the goals, objectives, and progress in implementing activities should be conducted at least quarterly to assure their continued relevance. In very active case situations, the plan should be reviewed more frequently.

In situations where the family's ability to perform an activity is not in question, but their motivation or willingness to become involved in the change effort is, shorter but reasonable time frames should be identified to promote timely resolution. The caseworker must be cautioned, however, not to misinterpret a lack of ability or knowledge as resistance, particularly when family members may be embarrassed or ashamed to acknowledge their limitations or lack of confidence. The worker must also involve family members in discussion to identify the barriers to completion of activities, and devise strategies to overcome these barriers.

Finally, activities to achieve objectives should be culturally appropriate. Involving the family in a mutual process of case planning reduces the risk of assigning activities that family members either do not see as relevant, or that are not consistent with the family's culture or values. Suggesting that a father address his family's economic problems by applying for public assistance may be an unsatisfactory solution, if the family adheres to strong values of independence and self-sufficiency. Referral to a jobs program, where he could work for financial assistance while being trained for employment, might be more willingly accepted. Another example is referring a family to a local mental health center, when the family has strong values about not discussing family business with

strangers. Utilization of a naturally-occurring support network or church-affiliated counselors might be a more appropriate intervention.

When formulating activities to achieve case objectives, the caseworker should consider and utilize family strengths and resources identified during the assessment process. Building on and integrating strengths promotes success, provides positive reinforcement, and increases family members' confidence in addressing difficult problems.

Periodic Case Review and Reassessment

As a family's situation changes over time, the case plan must be revised and amended to assure that goals, objectives, and activities remain relevant and current. As casework services are delivered, the family's problems and needs will hopefully be addressed, and a case plan review can justify case closure.

Unfortunately, in many child welfare agencies, case plans are not routinely reviewed and amended. In fact, amending the plan is often perceived as unwanted additional work, particularly when changes require review by an attorney or the juvenile court. As a result, agencies develop case plans with predetermined "boilerplate" language that is broad enough to cover a variety of circumstances, and that will not require further revision.

The problems with this approach should be obvious. The case assessment and planning process, when conducted jointly with a family, is itself a casework intervention that teaches families a method of assessing and solving problems. The family's needs, and the service system's response to those needs must also be continually reconsidered, if we are to assure the ongoing quality and relevance of our interventions. Without this process, the case plan document is completed only because it is required; it will not promote constructive change.

All case plans must be reviewed and amended when necessary, at predetermined, regularly scheduled intervals. Case plan review should occur at least quarterly, and more often if there is a high level of case activity. All sections of the plan, including the assessment, goals, objectives, and activities, should be evaluated to assure that they are current, relevant, and accurate.

Case plan review also determines the relative success of the previously formulated action plan in achieving case objectives. The reassessment identifies where interventions have not been successful, and identifies barriers that impede progress. These barriers could include: a lack of service resources; psychological factors; lack of knowledge or skill; lack of clarity of case activities; lack of commitment; unrealistic time frames; or the absence of follow-through by the caseworker. Once barriers have been properly identified, the case plan can be modified accordingly.

Formal case plan review by the supervisor and worker in supervisory conference promotes monitoring of case activities to assure that the plan continues to appropriately address the family's needs. The supervisor can then provide consultation to the worker to assure the quality of agency interventions.

Reviewing and discussing the plan with the family promotes their continued investment and involvement in the casework process, either by acknowledging and rewarding successes, or by identifying plan activities that have not been met and determining why. When multiple service providers are involved with the family, periodic case review conferences encourage teamwork, assure coordination of services, and clearly define the roles, responsibilities, and expectations of all involved parties. Representatives from other provider agencies, foster caregivers, and guardians ad litem or family advocates should meet with the worker, supervisor, and family members.

Good case planning requires a commitment by workers and supervisors, but they alone cannot assure this occurs. The agency must value and support case

planning as a fundamental service intervention in all cases. Case planning should be identified as a priority by agency management, responsibility for case planning should be formalized in the job descriptions of caseworkers and their supervisors, and sufficient time must be allocated. A standardized model for case planning should also be adopted. The model should include policies and procedures for case review, instructions for the preparation of written case plans, and a format for the documentation of case plans in the family's case record.

In summary, the steps in the case planning process are:

Identifying the "Presenting" Problem

The referral concern or complaint that brings the case to the attention of the agency describes the conditions that place children at risk of harm from maltreatment, and provides the rationale for agency intervention.

Begin To Establish a Casework Relationship

Engaging family members to be invested participants in the case planning process increases the reliability and validity of assessment information, assures the relevance and appropriateness of casework services, and increases the likelihood that family members will follow through with case plan activities. Proceeding to case assessment without first establishing rapport and setting clear expectations for the relationship may result in an incomplete or inaccurate assessment. Without an established level of trust and rapport, family members may feel threatened, and will not be truthful or complete in disclosing relevant information.

Family Assessment

The family assessment process explores the validity of the referral concern; assesses risk and safety factors; establishes the level of risk to the child in the home; gathers comprehensive information about the family's needs, strengths, and problems; and summarizes this information to be used in developing the most appropriate goals, objectives, and intervention plan.

Formulate Case Goals and Objectives

The case goal states the desired end toward which all case activities will be directed. Measurable, observable objectives are then formulated to describe the expected outcomes of services to address and eliminate risk factors, problems, or needs, and to achieve the case goal. Both should be formulated from the information derived during the case assessment.

Formulate the Action Plan

The action plan should clearly and precisely describe the activities to be undertaken, the services to be delivered, the order in which action steps should be implemented, who is responsible for performance of each activity, and the expected time frames for completion.

Case Review and Reassessment

All case plans should be reviewed at least quarterly, and amended as necessary to assure the ongoing relevance and quality of services. Supervisory review assures that the agency is meeting its responsibilities; review with the family assures that the plan remains relevant and they

remain involved; and review with other providers promotes continued coordination and integration.

Clarifying Objectives and Activities

It is not uncommon for caseworkers to confuse objectives with activities in case planning, since both are measurable, and both are derived from the case goals. The following is a commonly seen, but improper, formulation.

Problem: Mother is schizophrenic, and when having a psychotic episode, mistreats children.

Case Goal: To maintain children at home, and to eliminate risk of maltreatment.

Objective: Mother will attend weekly counseling sessions at the community mental health agency.

Activity: Caseworker will transport mother to the mental health center.

In the above example, it is communicated that attendance at counseling is an end in itself. As currently written, if mother goes to the mental health agency on a weekly basis, the case objective will have been met, whether or not the mother's mental illness or parenting capability have changed.

The easiest way to avoid confusion is to remember that an objective describes the desired end state that reflects resolution of problems or needs; the activity is the means or process used to achieve that end. A more accurate formulation of the above situation would be:

Problem: Mother is schizophrenic, and when having a psychotic episode, mistreats children.

Case Goal: To maintain children at home, and to eliminate risk of maltreatment.

Objective: Mother's schizophrenia will be treated to allow her to function and care for her children independently.

Mother will have ongoing professional mental health care and support.

Activities: Caseworker will set up an appointment with the mental health psychiatrist for an evaluation of mother's mental illness.

Caseworker will transport mother to the mental health center.

Psychiatrist will develop and recommend a treatment plan for mother's schizophrenia.

Mother will participate in the mental health assessment.

Mother will attend weekly counseling sessions at the mental health agency.

In child welfare, many desired end states will reflect the elimination of harmful parenting behaviors and practices. If our goal is to retain the child at home or return the child to the family, many of our interventions will be directed toward helping parents alter their behaviors or lifestyles to eliminate risk to their children. In this situation, the objectives themselves often must clearly describe

the specific behavioral changes parents will need to adopt. This can create confusion for caseworkers in distinguishing between descriptions of parental behaviors that represent objectives or end states; and descriptions of parental behaviors that represent activities as a means to some other desired end.

The differentiating factor is whether the change in the parent's behavior is considered the end in itself, or whether it is a means of achieving some other outcome. For example: "Sandra will be drug free and sober at all times," is a description of an end state, or an objective. "Sandra will attend counseling sessions at the drug rehabilitation center," is the means by which she will achieve sobriety.

In another example, "Sandra will use nonviolent strategies, such as time-out, and restriction of privileges, when disciplining her children," is our desired end state, or the objective. If Sandra uses nonviolent discipline, she will not be abusing her children, and we will have succeeded in eliminating maltreatment. The activities to accomplish this objective must include the specific action steps needed to learn and use nonviolent disciplinary measures.

Setting Priorities

In many families, abuse and neglect are the result of multiple, interrelated, often complicated factors. These factors may need to be addressed, and strengths may have to be developed before the family can competently care for their children. It is often not possible or feasible to address all the needed changes at once. The caseworker must help the family set priorities for objectives and services that can address the most critical needs or problem areas first; that is, those that are the most immediate and significant contributors to risk, and those that can most quickly promote safety for the child.

Setting priorities is a time management strategy. Prioritizing is a planning methodology in which an individual chooses which activities will be done first;

and, if not all activities can be completed in the designated time period, which of them will be left undone.

In prioritizing objectives and activities in a child welfare case plan, two criteria must be weighed and balanced:

- 1) *How important is the objective or activity? Importance cannot be determined out of context; we must ask, "important toward what end?"*

The importance of a particular objective will depend upon the degree to which it helps us achieve the case goal. Similarly, the importance of any case activity depends upon the degree to which it helps achieve a stated objective. For example: if an activity is central to achieving an objective, it is of high importance. Without it, the objective would likely not be met. If the objective could be partially reached without the activity, the activity is of moderate importance. If the activity will have little impact on the achievement of the objective, it is of low importance.

To determine the degree of importance, it should be asked, "What would be the worst possible outcome if I never completed this at all?" If the answer is, "Not much," the activity can be rated very low on the priority rating scale. If the answer is, "A child will likely be seriously hurt," the importance rating is very high. If the answer is, "It would certainly help the family's situation, and would benefit the child in the long run, but it is not essential to immediate protection of the child," the importance rating would be moderate.

- 2) *How urgent is the activity? Urgency reflects the need to complete an activity, or meet an objective within a specified time frame to avoid a negative consequence.*

To determine the degree of urgency of a case plan activity or objective, it should be asked, "What is the worst possible outcome if I do not complete this in our specified time frame?" Theoretically, the shorter the amount of time available to complete the activity, the greater the urgency. If a negative consequence is likely if we wait to perform the activity, it is of high urgency. For example, delaying response to an abuse referral for several days may result in the death of a child; it is of high urgency. Conversely, if a family's application for housing can be submitted until the end of next month, we do not have to do it tomorrow. It is of low urgency. A week before the deadline, it will become higher in urgency.

In setting priorities, we cannot consider an activity urgent without also considering its level of importance, since an activity of little importance should never be performed, regardless of urgency. If a food pantry is providing free cheese to families today only, it would seem that a trip to the food pantry would be urgent. However, if the family has plenty of food and doesn't need cheese, the short time frame is irrelevant. Time would be better spent on more important interventions.

In child welfare, objectives and activities related to the determination or elimination of risk have, of course, the highest priority. They are, by definition, of extreme importance and urgency, and therefore require immediate attention. The importance and urgency of other potential case objectives and activities will vary from case to case, and must be prioritized by the worker and the family. Priorities should be regularly reassessed, and needed revisions made in the case plan.

In setting priorities, the following principles typically apply:

- Activities that are high in both importance and urgency are of the highest priority, and should be completed first.

- Activities that are moderately important and highly urgent, or highly important and moderately urgent, are at the second level of priority.
- Activities of high or moderate importance, but low in urgency, should be planned and scheduled for a later date.
- Activities of low importance, regardless of the degree of urgency, should not be performed at all.

Finally, workers should prioritize activities that can be more easily accomplished by family members. If early activities are smaller in scope, easier to achieve, and important to the family, family members are more likely to experience success, which strengthens their motivation and involvement. If, by contrast, the family experiences early frustration and failure in trying to fulfill case plan responsibilities that have little meaning to them, they are more likely to become resistive and withdrawn. The worker can increase the likelihood of case plan completion by sub-dividing large, complex tasks into their component steps; by prioritizing activities that are important to family members and achievable; and by providing sufficient reassurance and support to assure success.

Service Interventions

Once a family's problems, needs, and strengths have been fully assessed, and the case plan has been developed, the worker must help families access the most appropriate service resources to meet their needs.

In providing services to a family, the child welfare worker will assume one of two roles, and may, at times, perform both functions simultaneously. Child welfare workers generally serve as the primary case manager for families on their caseloads. The primary responsibilities of a case manager are:

- To work with the family to conduct a thorough, individualized family assessment to identify their needs, strengths, and problem areas, and to identify what needs to occur to make the home safe for the child. This information may be gathered directly by the worker with the family, and from other professionals;
- To work with the family to develop a plan for services that will meet the family's identified needs, enhance their strengths, and resolve the identified problems that have contributed to risk;
- To identify the most appropriate, accessible, culturally relevant services and resources in the local community that can address case plan objectives;
- To refer the family to service providers, to help prepare the family to access and utilize these services, and to remove barriers to accessing needed services;
- To educate the service provider regarding why the family is being referred, and to clarify the case objectives by forwarding relevant case assessment and case plan information;
- To follow up to assure that the family uses the services and follows through with case plan activities, and to assure that the service provider has delivered the agreed-upon services; and
- To regularly communicate with service providers, using a team approach to reevaluate the family's service needs and to determine the outcomes of the services, and to assist in negotiating issues between the provider and the family that may interfere with service delivery.

The child welfare caseworker can also provide direct services to the family. Home visits and other planful contacts can directly achieve therapeutic ends. For example, caseworkers might:

- Provide supportive counseling in regular meetings with the family to assess and identify problems and consider potential solutions, to explore strengths and resources, to access supportive and therapeutic resources, and to enable and empower the client;
- To help families learn different methods of child care, child management and discipline, and how to promote healthy child development, by describing and modeling new approaches; coaching parents as they practice; providing constructive feedback, and positively reinforcing more appropriate parenting behaviors;
- To help families learn and practice more effective ways of maintaining their home environment, managing on limited income, developing a budget, or accessing needed community services;
- To use play communication or therapeutic strategies to help a child understand the reasons for placement into foster or adoptive care, to elicit the child's feelings of anger, fear and sadness, and to prepare the child to move; and
- To accompany the parent and the child to appointments to provide support and advocacy. This might include a school conference, a visit to a hospital or doctor; an application for income assistance; to search for appropriate housing; or to meet the mental health worker. The caseworker often serves as an advocate for the family, while preparing and teaching families ways to access needed services and to advocate for themselves.

Most caseworkers will provide a combination of direct services and case management when serving the families on their caseload. Which intervention is used, and at what time it is utilized, depends upon several factors, including: the caseworker's own level of skill and expertise in a particular intervention; the availability of resources in the community; the amount of time available for the caseworker to devote to each case; and the agency's definition of the caseworker's job, and the types of activities which are expected of the caseworker.

Because the causes of child maltreatment encompass a wide variety of problem and need areas, child welfare agencies must have access to a variety of service providers. Workers must be familiar with their own community and its service resources. Additionally, workers and their supervisors should actively cultivate collaborative relationships with staff members of these provider agencies. Finally, if services are needed but not available, the child welfare agency may need to engage community professionals, and government and community leaders, to collaborate in identifying and developing additional service options for families and children.

The following categories of services should be developed within local communities to assure that families in the child welfare system can get the help they need.

Resources to Promote Environmental Change

- Referral to community providers for income maintenance or support, including supplemental income, disability, emergency assistance, and other financial aid programs.
- Linkage with resources such as the Salvation Army, Metropolitan Housing, food pantries, and churches to access housing, food, clothing, home furnishings, transportation, and help with the cost of utilities.

- Advocacy to improve living arrangements: contacts with legal aid attorneys, landlords, and city or community regulatory bodies.

Resource Referral for Health/Mental Health Problems

- Referral to mental health agencies and other counselors for psychiatric or psychological assessment, individual or family therapy, group therapy, parent groups, and other supportive mental health services.
- Referral to drug and alcohol service providers for assessment and treatment of substance abuse problems.
- Referral to health and medical providers for proper health care services, prenatal care, immunization, and nutritional programs.
- Referral to specialized service providers for clients who have developmental disabilities such as mental retardation, epilepsy, cerebral palsy, and other disabling conditions.
- Referral to job training, work incentive programs, vocational rehabilitation, and to employment providers.

Education and Training

- Referral to community providers for parent education.
- Use of homemaker, parent aide, and other in-home supportive services to teach families in skills related to housekeeping, home management, budgeting, and child care.

- Use of foster caregivers to provide direct child care education to parents of children in foster homes.
- Direct involvement of caseworkers with parents to explain, train, and "model" proper child care, parenting, behavior management, and home management skills, and skills to properly access and use community resources.

Provision of Family Support Services

- Identification of, and access to, informal support networks within the client's community, including church groups, extended family, neighborhood community centers, and other community groups.
- Provision of support services including day care, protective day care, homemaker/home management, and other services to enhance the quality of care received by children in their own homes.

Direct Counseling by the Child Welfare Caseworker

- Regular in-home visits to provide therapeutic counseling, including problem solving, supportive counseling, reality-oriented therapy, insight therapy, and/or family therapy.
- Use of play therapy or specialized interviewing techniques for children to elicit children's feelings about separation and placement, and to prepare children to move to a substitute care setting, to adoption, or to return home after placement.
- Supportive counseling and problem solving with foster caregivers to help maintain children in substitute care placements.

Advocacy Services

- Contact with legal services and community agencies to advocate for clients' rights, to assure their receipt of proper services, and to prevent their "falling through the gaps" in the service system.
- Helping families access and link to service resources; completing applications, "negotiating the system."

Case Example: Case Plan Development Interview

The Forrester Family

(Refer to prior case dictations for the Forrester family in Section IV-A, "Integrating Casework and Protective Authority," Section IV-B, "The Casework Relationship: The Foundation of Family-Centered Child Welfare," and Section IV-C, "Conducting the Family Assessment.")

Family: Forrester, Susan, age 29
Forrester, Jon, age nine
Forrester, Wendy, age four

Worker: Carol Johnson

Carol came to the Forrester home as scheduled to begin the process of reviewing the case assessment and developing the case plan. Ms. Forrester answered the door with her coat still on. Wendy was racing around the living room on a broom handle, pretending to be a witch. The phone was ringing, and the tea kettle was whistling. Ms. Forrester rolled her eyes and threw her hands up, but she was smiling as she ran to answer the phone. When she returned, Carol asked

her, "Why are you so happy amidst such chaos?" She grinned and said, "I passed my make-up test. I just found out." Carol smiled and said, "Congratulations." Ms. Forrester said, "Thanks. I didn't think I'd be able to do it."

Ms. Forrester sent Wendy to her room to play, and asked Carol if she would like some tea. Carol said she would, and Ms. Forrester went to the kitchen to pour it. Carol called after her, "Ms. Forrester, I'd like some sugar, if you don't mind." Ms. Forrester returned with the tea and said, "You might as well call me Susan. Everyone else does."

Carol interpreted Ms. Forrester's behavior as evidence of success in establishing a relationship with Ms. Forrester. Offering Carol tea and asking Carol to call her by her first name suggest Ms. Forrester feels more comfortable with Carol. Carol knows the relationship is still new, however, and expects to revisit relationship issues repeatedly through their work together because of Ms. Forrester's history of suspiciousness and mistrust.

When they were both sitting at the table, Carol began the interview by asking, "So, how are you feeling, in general?" Susan replied that she'd had a hard few days; she'd done a lot of thinking about their last meeting. She realized there was a problem, but had no idea what to do about it. Carol said that the point of their meeting today was to begin to sort through how the agency could help her and Jon. From their discussion, they would then develop a case plan together.

Carol then helped Susan organize her thinking. "Okay, here's how I suggest we do this. First, we should review the problems and needs we want to work on. We should decide which are the most important, and work on them first. Second, we should agree on what it will look like when the problems are solved. That's called setting our objectives. If we write our objectives so they're really clear to both of us, we'll know when we've succeeded. Are you with me so far?" Susan said, "I think so... ." Carol said, "We'll go back through these one at a time.

I just want you to get the big picture first." Susan nodded agreement. Carol continued.

"Third, we have to consider your strengths, and see how we can use them to help us solve the problems. We've already talked about some of your strengths. You might find, as we work together, that you already know how to resolve some of this, but just didn't think about it." Susan said, "That would be a change! Nothing's ever that easy." Carol said, "I'm not saying it's easy. I'm saying we're not starting with nothing. There's a lot to work with." Susan nodded.

Carol continued, "Finally, we'll choose the best activities and services to solve the problems. This last part is the work plan. It makes clear 'who does what, by when.' The case plan is like a contract between us. It makes sure we're working together to solve the most important problems in the most organized way. When we've agreed on everything, I'll write it all up on the proper form, and we'll both sign it. This way we both can be held accountable for what we agreed to do." Susan frowned and slowly shook her head. Carol asked, "What are you thinking?" Susan said, "Do you really think we can do this all today?" Carol said, "I don't know. We don't have to. We can always finish it next time. But it may be easier than you think. You ready?" Susan nodded.

Carol said, "First, we need to write down our goal. I think you and I have already agreed on that – that Jon will come home and stay home, and be safe from harm. Am I right? Is that what you want?" Susan said, "Absolutely." Carol wrote the goal statement at the top of her note pad.

"Okay, good. Let's review the problems we discussed the last time we talked. Why don't you tell me, in your words, what you think is the most important problem here." Susan thought and said, "I get angry at Jon and hit him too hard." Carol said, "I agree," and wrote it down under a heading "Summary of Problems."

Carol then said, "There may be several different things that together cause the larger problem. Let's try to identify all the things that contribute to the problem, and look at them one at a time. Let's start with your temper. Can we make a statement that describes the problem with your temper?" Susan said, "I get really mad, and when I'm mad, I do things I don't mean to do." Carol said, "Okay, let me write that down." Under Problem A, Carol wrote, "Susan gets angry easily and, when angry, can't always control her actions." She then asked, "Does that sound right to you?" Susan said, "Yeah... I hate to see it in writing though. It makes me out to be awful." Carol said, "This is all confidential. It stays inside our agency, unless we have to go to court at some point, or unless you give us permission to send it out. Besides, you already know how I feel about this; it's a problem, but it's not insurmountable, and it has a solution. Do you think it's okay the way I've written it?" Susan said it was, but asked what Carol meant about court. Carol explained that when parents refused to work jointly with the agency, and their children were at high risk of harm, the court was often involved to give the agency the authority to place the child without parental consent, and to protect the rights of the parents. Carol said she had no intention of involving the court, unless at some point Susan changed her mind about working together, or she failed to protect Jon. "Okay?" she asked Susan. "Anything else?" Susan shook her head.

Susan is again exhibiting her general concerns about the agency and the child welfare system. Carol responds in a supportive manner, once again reiterates the agency's role and responsibility, and explains how the system works. Helping families understand the child protection system and how it may affect them is an ongoing part of child welfare casework.

Carol then said, "Okay, next part. What happens when you're angry that creates a problem for Jon?" Susan said, "Jon gets hurt." Carol elaborated... "You hit him... with your hands, sometimes with objects?" She nodded. Carol said, "You told me you spanked or hit him to punish him." Susan said, "Yes, but the problem was hitting him too hard." Carol said, "Have you considered that there

might be better ways to discipline Jon rather than hitting him?" Susan said, "Yeah, I've heard about sitting him in a corner and all that. But, hitting him is the only way to get through to Jon. He won't listen to anything else. If you've got any other ideas, I'd like to hear them. But I don't think they'll work."

Carol said, "Well, there are no magic solutions. But there are other ways to discipline children that are more effective than spanking or hitting. I think we can safely say that Problem B is, you don't know any other ways that work in managing Jon, other than yelling and hitting, and those are often hurtful to him. Would you agree?" Susan said her entire childhood she'd been whipped when she did something wrong. Carol asked how she'd felt about it. She said she hadn't much thought about it. Carol asked her to think about it. Susan said, "I may have been whipped too hard, and maybe too often, and I never liked it. But I probably deserved it." Carol said, "Well, regardless, we've already agreed it puts Jon at high risk of injury. So let's write that down as Problem B. "Susan uses only physical discipline, like spanking and hitting, to manage Jon's behavior."

Carol then said, "Let's think about the things that make you feel angry and upset." Susan said, "You mean like stress?" Carol nodded, and prompted, "And why you feel stressed." Susan looked at her blankly. Carol said, "Okay, let me tell you what I remember you saying. First, you told me that people had often disappointed you and let you down, and you were left to handle things on your own." Susan said, "Yes, that's surely true." Carol continued, "And you said that handling all the problems by yourself was really hard on you." Susan agreed. Carol said, "Do you think if you had more support, you'd feel less stressed, and maybe get less angry?" Susan said, "Yeah. It always makes me mad that I get left to manage everything alone. And when I ask people for help, like my family, they just criticize. I don't even bother to ask any more, unless I'm willing to put up with the sermon!" Carol said, "Okay, I think the problem is, 'Susan has no reliable support from other people. She must handle most stresses by herself.'" Susan nodded.

Carol then said, "Let's summarize here. Do you think if you learned other ways to discipline Jon, had good emotional support from other people, and could control your anger and temper, Jon would be at less risk?" Susan thought for a minute, and said, "I guess so." Carol said, "But" Susan said, "These are all my problems. What about Jon?" Carol said, "What about Jon?" She said, "Doesn't he need help in solving his problem too?" Carol said, "Tell me what you mean." Susan said, "Well, he's stubborn and selfish, and I don't deserve it. He's just mean sometimes. And he knows it, too. He gets that look in his eye like he's just going to get me, whatever it takes. I think he needs to learn to act better." Carol said, "How do you think that will happen?" Susan said, "I guess maybe he needs counseling or something. I don't know." Carol said, "You may be right. But I don't think we know right now, because children's behavior is often a reaction to the way their parents act with them, and if the parent changes, the child changes in response to the parent." Susan said forcefully, "Well, I don't agree. I think Jon has his own problems, if you ask me. Besides, I can't do all the changing myself. He has to meet me halfway."

Carol recognizes a dilemma at this point in the process. Susan's belief that Jon should "meet her halfway" is an expression of her unrealistic expectations for his behavior. Her expectation of such reciprocity in relationships would be more appropriate if Jon were older. However, Jon is a child, and it is his mother's responsibility to create an environment in which he can grow and thrive. It is not Jon's responsibility to do things to make his mother happy. This is an issue that Susan will need to consider during counseling. However, even though Jon's behaviors do not make him responsible for his mother's abuse, he may indeed have intrinsic behavior problems which can, and should, be addressed. Also, if Carol negates Susan's suggestion about Jon needing help, the case plan will not be a mutually-developed document, and Susan will feel that her suggestions don't warrant inclusion in the case plan. Carol understands they must negotiate an objective related to Jon's behavior that is reasonable, yet still validates Susan's issue.

Carol said, "Well, Jon may be reacting to your actions, or he may have some underlying problems, or both. We could see if his behavior changes as you change. Or, we could request a psychological assessment of Jon, and that will tell us if he needs help and what kind of help. Would you agree to that strategy?" Susan said, "I suppose so. But I know he starts it sometimes, when I'm not doing anything to him. I'm not anywhere near him. He comes busting in the door, yelling and carrying on about something I did or didn't do, and throws things. He does that on his own. I'm just sitting there."

Carol said, "I know what you mean, and I agree, it might mean Jon has some problems. But looking at it another way, all children do that. No child is always satisfied with what his parents do. My own kids will whine –'You didn't do this for me. You didn't get that for me.' I just say, 'You're right, I didn't. Now go put your clothes away.' And I ignore it. In three minutes they're off doing something else and have forgotten about it."

Susan said, "Doesn't that make you mad?" Carol said, "Sometimes I find myself feeling a little unappreciated, but then I remind myself that children don't have the capacity to appreciate me in the same way I'd expect an adult to." Susan shook her head and said, "I can't let it go that easily. I think children should appreciate what their parents do for them." Carol said, "I agree. And I teach them to be appreciative. But I know, at times, they're going to forget, or be selfish and think of themselves first... they're going to act like kids. It doesn't mean they don't care about me or respect me." Susan frowned, as if she were thinking about this. Carol then asked, "Does Wendy always appreciate everything you do?" Susan frowned, then shook her head and said, "I guess not, but it doesn't bother me as much." Carol said, "That might be something we should talk about later on. It might help you better understand how things are between you and Jon."

Carol has used the case plan discussion as an opportunity to model a different way of thinking and perceiving. She has introduced the concept that parents cannot expect their children to behave like adults, yet she has neither lectured Susan nor acted as a teacher. She uses herself as an example to help make a very specific point. In doing so, she communicates that she relates to Susan's feelings, affirms that the feelings are valid, and then offers an alternative parental response to behavior. She also introduces the fundamental principle that parents can't expect their children to always behave as they would like. Susan may not relate this to her parenting of Jon at this point, but it brings the issue to her awareness to be dealt with later. It also helps her to become aware of her different feelings toward Wendy and Jon.

Carol then said, "Well, back to the plan. Would you agree that one problem is, 'Jon can be stubborn, obstinate, and difficult to manage?'" Susan agreed. Carol said, "We're not yet in agreement about what to do about it." Susan nodded. Carol said, "Perhaps we need more information about Jon to make that decision, and our objective for now should be to get that information. If it looks like Jon does need special services, we can add them later. Does that make sense to you?" Susan said it was okay, but that she wanted Jon to get counseling if he needed it. Carol agreed. Then she asked Susan if there were any other problems to work on. Carol reviewed what they had written, and Susan said she didn't think there was anything else. Carol reminded her if other things came up as they talked, they could always add them later.

Then Carol said, "We've already agreed on some of our objectives or outcomes. Let's see if I can write them down." She then wrote the following statements under "Objectives:"

- 1) Susan will learn and use nonphysical and nonviolent ways to discipline Jon and to manage his behavior.

- 2) Susan will control and express her anger in nonviolent ways that do not harm Jon.
- 3) Susan will have dependable sources of emotional and physical support to help reduce her feelings of stress.
- 4) Susan and Carol will better understand Jon's needs, and the causes of his obstinate and stubborn behavior; and use this information to develop the best ways to manage this behavior.

Carol then said, "We also need to write an objective about Jon's safety and placement. How about, 'Jon will remain in safe placement until Susan can parent him without risk of future harm'?" Susan said, "Do you mean at my sister's?" Carol said, "That's how we've decided to protect him so far, and I see no reason to change that right now, unless you see a reason. Your sister is willing, and you seem comfortable with it. Are you?" Susan said she thought it would be the best way.

Susan looked at Carol's list of objectives and concurred that they were okay. Carol then said, "Now, time to consider your strengths. What do you already know or do well that might help you reach some of these objectives? Let's start with 1) *learning to use nonviolent and nonphysical discipline*. Can you tell me what strengths you have that might help?" Susan thought for a moment and then said, "I can learn." Carol agreed not only that she could learn, but that she was motivated to learn, and used her job training as an example. Carol wrote, "Susan is a good learner and is motivated to learn." Carol said, "What else." Susan said, "I really want to be a better parent to Jon." Carol wrote that down also. Susan then said she couldn't think of anything else.

Carol directed her to think about 2) *managing and controlling her anger*. She shook her head and said, "Wow, I don't know about that one." Carol waited. Susan shook her head. Carol said, "Okay, I'm going to put one in, if you don't mind."

Remember when I told you that not everyone could understand their feelings and how their feelings affected their actions? Susan nodded, "I think so." Carol continued, "Well, it's called insight, and it's a real strength. It means you can probably learn how your feelings are connected with your angry outbursts. That will make it much easier to learn to handle them." Susan said, "Well, I'm not sure about that, but I guess you can put it down." Carol did. Carol also said, "You've solved a lot of problems on your own, and I think you have good problem-solving abilities." Susan shrugged and said, "I suppose you could say that's a strength."

Carol asked about her strengths related to objective 3) *having dependable sources of emotional support*. Again, Susan couldn't come up with any strengths, and Carol had to suggest one. "I think it's a strength that, despite all your bad experiences with people, you were still willing to let me help you." She said, "Well, you're different from any social worker I've ever met!" Carol grinned and said, "Well, I'm really not that unusual. There are a lot of trustworthy people in the world. Maybe you need to learn to evaluate who you can trust and who you can't." Susan thought about that, and Carol entered Susan's willingness to accept help into the "strengths" assessment.

Carol and Susan then looked at each objective and, together, negotiated the activities that would help them achieve their objectives. Susan said they had parenting classes through her church, and she agreed to find out more about them. Carol thought linking Susan with the church would be a good idea, as it could also be a possible source of support. They agreed to find out whether the church also had parent groups associated with the classes. Carol also suggested they visit the Children's Hospital clinic, where Jon had been seen, since they had a lot of programs and parent support groups. Susan seemed hesitant, and with considerable prompting explained that she was embarrassed to go to the hospital again. She thought she'd be labeled as a bad parent. Carol said most parents felt that way at first, and that if she would be willing to go once to check it out, she could decide afterward.

Carol stressed the importance of Susan working with a professional counselor, who would help her better understand the feelings behind her anger, and how those feelings might affect her treatment of Jon. Carol said that helping Susan learn to control her temper should be addressed first, since if she could accomplish that, Jon could come home safely, while they worked on other things. Susan agreed. Carol stressed she wanted Susan to work with somebody competent; she didn't want her to waste her time. Susan strongly agreed. Carol said she knew the clinic staff were competent, but she would also look for other counseling options for Susan beside the clinic, if Susan still felt uncomfortable with the clinic after they had visited.

They also discussed ways to get emotional support for Susan. Carol wondered if they should include Susan's mother and sister in the case plan so they could better understand how they could help her. Susan was very hesitant to do this, and Carol said they could talk more about it later, that she didn't have to decide just now. Carol also suggested Susan could talk with her counselor about this.

Susan asked why Carol couldn't work with her on these problems. Carol said she could help with some things, but other people had more training and experience in important areas, and could probably be of more help to her. Carol said she would want to know what Susan had been learning, both in counseling and in class; and, that she'd be happy to help Susan practice what she'd learned. Carol also said she could arrange for one of the agency's trained homemakers to come to the house and coach Susan to help her practice and use what she had learned. Susan said she might consider that, but she'd want to meet the person before she agreed to it.

They also discussed arrangements for Jon to stay with Susan's sister for a few additional weeks, while they linked Susan to counseling services. Carol and Susan agreed that they would evaluate Susan's progress weekly, and together with the counselor, they would develop a visitation plan which would include

Jon coming home for short visits that increased in length as Susan became more able to manage him. Carol strongly advised that Susan visit Jon often at her sister's, and suggested that they meet jointly with her sister and with Jon to fully inform them of the case plan, and to enlist Susan's sister's help in accomplishing it.

The following is the case plan developed by Carol and Susan subsequent to the above discussion. The plan guides the delivery of services for a designated four-month period.

Forrester Family Case Plan

Prepared By: Carol Johnson, Caseworker
Susan Forrester, Mother

Dates of Plan: 10-1-17 to 1-30-18

Goal: John will be returned to his mother's care, and will be safe from harm at home.

Summary of Problem: When Susan becomes angry with Jon, she hits him too hard, putting Jon at risk of serious and/or permanent harm.

Problem A: Susan gets angry easily, and when angry, cannot always control her behavior.

Problem B: Susan uses only physical punishment, such as spanking and hitting, to manage Jon's behavior. Physical punishment is harmful to Jon.

Problem C: Susan has no reliable support from other people. She must handle most stresses by herself.

Problem D: Jon is sometimes stubborn, obstinate, and very difficult to handle.

Susan's Strengths:

- 1) Susan is a good learner and is motivated to learn.
- 2) Susan really wants to be a better parent to Jon.
- 3) Susan has insight and good problem-solving skills.
- 4) Susan is willing to let people she trusts help her.

Case Objectives:

- A. Susan will learn and use nonphysical and nonviolent ways to discipline Jon and to manage his behavior.**

Activities:

Susan will call her church and get information about parenting classes. Carol will locate other resources for parent training. Susan will choose classes to attend. By 10-7-17.

Susan will attend parenting classes according to the schedule set on 10-7. (Addendum will be made to case plan.)

Carol will arrange with agency homemaker to be present during Susan's visits with Jon in the home to help her practice what she has learned during parenting classes. (Will be scheduled.)

B. Susan will control and express her anger in nonviolent ways that do not harm Jon or other people.

Activities:

Carol will call Children's Hospital abuse clinic and get information about counseling services. Carol will also identify other possible counseling resources. By 10-7-17.

Carol and Susan will visit Children's Hospital clinic. Susan will decide whether to attend the clinic; or Susan and Carol will choose another counselor. By 10-15-17.

Susan will attend all scheduled counseling sessions and work on issues related to anger management. Susan agrees not to miss sessions, except for illness or other emergency. Susan will reschedule all missed sessions with the counselor at the first opportunity.

Carol will help Susan arrange transportation to counseling, if she needs it. Susan must call Carol at least two days in advance if transportation will be needed.

Carol will talk with Susan's counselor weekly to determine Susan's progress. When Susan, the counselor, and Carol feel Susan has learned to understand and manage her anger, and can parent Jon without risk of harm, Jon can begin to visit at home. Susan, Carol, and the counselor will set the visitation schedule. (Will be attached when developed.)

- C. Susan will have dependable sources of emotional and physical support to help reduce her feelings of stress.**

Activities:

Carol will get information for Susan about parent support groups through Children's Hospital clinic. Susan will get information about parent support groups through church. Susan will choose a support group and will attend meetings. By 10-30-17.

Carol will meet with Susan at least once every two weeks. Carol will talk with Susan by phone as needed.

- D. Susan and Carol will better understand Jon's needs, and the causes of his obstinate and stubborn behavior; and use this information to develop the best ways to manage this behavior.**

Activities:

Carol will arrange for a psychological and developmental assessment of Jon to determine the extent and causes of his behavior. Carol will discuss results of assessment with Susan. By 11-1-17.

If counseling is necessary for Jon, Carol will help Susan choose a counselor. Susan will take Jon to appointments. By 11-30-17.

Susan and Carol will share information from Jon's psychological assessment with Susan's counselor and the homemaker to help in choosing the best parenting strategies to manage Jon's behavior.

E. Jon will remain in safe placement until Susan can parent him without risk of future harm.

Activities:

Carol, Susan, and Susan's sister will meet to arrange for Jon to stay at Susan's sister's home while the case plan is being implemented.

By 10-7-17.

Susan, assisted by Carol, will help Jon understand why he is staying at his aunt's, and will explain the plan for services to help Susan.

By 10-7-17.

Jon will remain in his own school while at Susan's sister's. Susan's sister will transport Jon to school. Ongoing.

Susan will visit with Jon at least twice during the week, and once on the weekend. Susan's sister must be present in the home during visits.

Jon may also visit at home when Carol or the homemaker is present.

Carol will observe Susan and Jon together, and help Susan to assess and better understand their relationship. Begin immediately.

Unsupervised visits in Susan's home will be scheduled when Susan, Susan's counselor, and Carol all agree that Susan has better control of her anger and can parent Jon alone for limited periods without risk of harm to Jon. Date to be determined.